

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90008 040 \*\*\*\*50.00

**DOCUMENT # M00000000931**

1. Entity Name  
**TOTAL EMED LEASING CO., LLC**



Principal Place of Business  
**720 COOL SPRINGS BOULEVARD, SUITE 200  
FRANKLIN, TN 37067**

Mailing Address  
**720 COOL SPRINGS BOULEVARD, SUITE 200  
FRANKLIN, TN 37067**

**44042995**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04202004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

**62-1804780**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P**  
**REHM, RICHARD D MD**  
**720 COOL SPRINGS BLVD, #200**  
**FRANKLIN, TN 37067**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**ST**  
**JAMES, ANTHONY**  
**720 COOL SPRINGS BLVD, #200**  
**FRANKLIN, TN 37067**

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**CEO - DIRECTOR**  
**STEVE SIMPSON**  
**720 COOL SPRINGS BLVD, #200**  
**FRANKLIN, TN 37067**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**CFO**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**STEELE, SCOTT D**  
**200 STATE STREET**  
**BOSTON, MA 02109**

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**GR66 STEVENS**  
**720 COOL SPRINGS BLVD, #200**  
**FRANKLIN, TN 37067**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P**  
**NEIS, JOHN A**  
**200 STATE STREET**  
**BOSTON, MA 02109**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/30/04** / **(615) 261-1500**